

PUBLIC WATER SUPPLY REGULATORY PROGRAM

WATER SYSTEM DATA

ID No. _____ Community ____ NTNC ____ Non-Comm ____
CCN No. _____ Superior ____ Approved ____ Status? ____ Region ____
Name of System _____ County ____
Physical location _____
Responsible Official _____ Title _____ Phone _____
Mailing Address _____
Chief Cert Op Name _____ Grade & Type _____ Phone _____
2nd Op Req'd? ____ Other Cert Op Name _____ Grade & Type _____ Total # Cert Ops ____
WS Manager/Superintendent _____ Other Officials Contacted _____
Surveyed With _____ Area Served _____
Supplier and Source _____
Interconnection with another PWS? ____ Name PWS I/C _____ Type I/C ____
Retail Service Connections _____ Retail Meters _____ Retail Population ____
Wholesale Master Meters _____ Wholesale Service Connections _____ Wholesale Population ____
Minimum Charge ? ____ Per ____ Thous. Dist. to and Name of Nearest PWS ____
Reason for this Survey (Routine, Follow Up, Initial, Enforcement, Complaint, Other) Previous Survey Date ____
Map Attached ____ Previous Map OK? ____ Well Operational Status Changed? ____
Description of Supply, Source, Treatment, and Chemicals Used _____

Total Well Cap. _____ gpm _____ mgd RW Cap _____ gpm _____ mgd
Treatment Cap. _____ gpm _____ mgd Total Svc. Pump Cap. _____ gpm _____ mgd
Total Elevated Storage _____ Total Storage Cap. _____ Pressure Tank Capacity _____
Maximum Daily Usage _____ Date _____ Average Daily Usage _____ Time Period _____
Wholesale Contract _____ Maximum Purchase Rate _____

MICROBIOLOGICAL

Y N

Samples Submitted in Accordance with DWS? ☐ ☐ Number of Samples Required _____ # Submitted _____
Raw Samples Submitted, if Required? ☐ ☐ Number of Raw Samples _____
Well(s) Surface Water Influenced? ☐ ☐ Non-Comm. Dates of Operation _____ Thru _____
Acceptable Sample Siting Plan on File? ☐ ☐

CHEMICAL

Acceptable Quality? _____ Date, Last Chemical Analysis IOC _____ RC _____ VOC _____ SOC _____
List UNACCEPTABLE Values _____

HAS PROPER PUBLIC NOTIFICATION BEEN GIVEN? _____ Date _____

Date of Survey _____ By _____

Date of Approval _____ By _____

Letter Date, if different from Approval Date _____ Reply Requested _____ Def. Score of this Survey _____

I.D. #: _____

OPERATION AND MAINTENANCE

(Please note: all violations listed below include paragraph numbers from §290 of the Rules and Regulations for PWSs.)

I. OPERATIONAL

Y N

Y N

Monthly Reports Submitted to TNRCC (if Required)?	[.46(d)]	—	—	Distribution Map Up-to-Date?	[.46(n)]	—	—
Daily Usage Shown?	[.46(d)]	—	—	Ownership Signs Properly Displayed and Maintained?	[.46(w)]	—	—
MOR's Properly Completed?	[.46(d)]	—	—	Adequate Chemical Storage Provided?	[.42(d)(6)]	—	—
Dead End Mains Flushed?	[.46(l)]	—	—	ANSI/NSF Approved Chem/Media?	[.42]	—	—
New Lines and Repairs Disinfected?	[.46(g)]	—	—	Facilities Properly Maintained?	[.46(m) & (p)]	—	—
Supply of Disinfectant on Hand?	[.46(h)]	—	—	If Superior/Approved, Signs Properly Disp. & Maint.?	[.47(b)]	—	—
				Sanitary facilities available, if needed?	[.42(g)]	—	—

II. STORAGE TANKS

Storage Tanks Properly Covered?	[.43(c)]	—	—	Proper Water Level Indicator Provided?	[.43(c)(4)]	—	—
Tanks Tight Against Leakage?	[.43(c)(6)]	—	—	Drains Properly Connected?	[.43(c)(7)]	—	—
Vents Properly Installed?	[.43(c)(1)]	—	—	Inlet and Outlet Properly Located?	[.43(c)(5)]	—	—
Proper Roof Hatch Provided?	[.43(c)(2)]	—	—	Intruder Resistant Fence?	[.43(e)]	—	—
Roof Hatch Kept Locked?	[.43(c)(2)]	—	—	Tanks Properly Inspected, Maintained, Documented?	[.46(p)(1)]	—	—
Proper Overflow Provided?	[.43(c)(3)]	—	—	Below Ground Storage Properly Located?	[.43(b)]	—	—
				Inspection Ladder Provided?	[.43(c)]	—	—

III. PRESSURE TANKS

Accurate Pressure Gauges?	[.43(d)(2)]	—	—	Tanks Tight Against Leakage?	[.43(d)(7)]	—	—
Pressure Release Device Provided?	[.43(d)(2)]	—	—	Routinely Inspected, Maintained, Documented?	[.46(p)(2)]	—	—
Proper Facilities for Air/Water Ratio?	[.43(d)(3)]	—	—	Fenced or Housed?	[.43(e)]	—	—
Air-Water Volume Indicator Provided?	[.43(d)(3)]	—	—	ASME, if Required?	[.43(d)(1)]	—	—

IV. DISTRIBUTION

Plumbing Ordinance or Agreement?	[.46(i)]	—	—	Properly Installed Distribution Piping?	[.44(a)]	—	—
Customer Service Inspections Recorded?	[.46(j)]	—	—	Adequate Flush/Gate Valves?	[.44(d)(6)]	—	—
Backflow Assembly Report Recorded, if needed?	[.44(h)(4)(D)]	—	—	Air Release Valves Properly Installed?	[.44(d)(1)]	—	—
Sewer Lines Properly Located?	[.44(e)]	—	—	In-Line Booster Pumps in System? Location _____		—	—
Minimum Residual Pressure \geq 20 PSI?	[.44(d) & .46(u)]	—	—	In-Line Booster Pumps in System Approved?		—	—
Normal Working Pressure \geq 35 PSI?	[.44(d) & .46(u)]	—	—	If Yes, Pressure Cut-off \geq 20 psi Provided?	[.44(d)(2)&(3)]	—	—
Tested psi/Locations _____							

V. DISINFECTION

Disinfection Equipment Adequate in Capacity?	[.42(e)]	—	—	Adequate Residual Maintained/Recorded?	[.46(f)(1)(2)]	—	—
Type Disinfection Used: _____				Mg/L (T/F)/Locations _____			
Disinfection Equipment Properly Housed?	[.42(e)(6)(8)]	—	—	DPD Chlorine Test Kit Provided?	[.46(f)(2)]	—	—
Disinfection Room Properly Vented?	[.42(e)(7)]	—	—	IF AMMONIA FEED PROVIDED:			
Breathing Apparatus and Ammonia Bottle Provided?	[.42(e)(5)]	—	—	Properly Housed/Vented?	[.42(e)(10)]	—	—
Scales Provided?	[.42(e)(4)(D)]	—	—	Scales or Gauges Provided?	[.42(e)(4)(D)]	—	—
Disinfection Prior to Storage?	[.42(e)(2)(3)]	—	—				

I.D. # _____

VI. SYSTEM FACILITIES

Number of Connections _____

WELLS (Y/N) OR RAW WATER PUMPS (Y/N)

Entry Pt. #	Water Source Code	Owner's Desig.	Location	Oper. Status	Well Depth	Pump Type	Rated GPM	Tested GPM/Date

STORAGE RESERVOIRS AND PRESSURE TANKS

Type	Capacity	Material	Location

SERVICE PUMPS

No.	Output (GPM)	Location	No.	Output (GPM)	Location	No.	Output (GPM)	Location

Emergency Power? _____ Describe: _____
(Y/N)

Required Well Production Capacity _____ GPM/Conn. X _____ Conn. = _____ GPM Y N

Total Well Production Capacity Provided = _____ GPM Adequate? _ _

Required Elevated/Pressure Storage: _____ Gal/Conn. X _____ Conn. = _____ MG

Elevated/Pressure Storage Provided = _____ MG Adequate? _ _

Required Ground/Total Storage: _____ Gal/Conn. X _____ Conn. = _____ MG

Ground/Total Storage Provided = _____ MG Adequate? _ _

Required Service Pumping Capacity: _____ GPM/Conn. X _____ Conn. = _____ GPM

Service Pump Peaking Factor: _____ MDD/1,440 X _____ = _____ GPM Peak Demand

Total Service Pump Capacity = _____ GPM Adequate? _ _

I.D. # _____

GROUND WATER SOURCE AND WATER SYSTEM DEFICIENCIES

VII. GROUND WATER SOURCE

A. SANITARY

Y N

Y N

Well or pump room protected from flooding?	[.41(c)(3)(H)]	_	_	Sewage treatment plant \geq 500 ft.?	[.41(c)(1)(C)]	_	_
Livestock Prohibited within 50 ft. of well?	[.41(c)(1)(D)]	_	_	Animal pens or landfill \geq 500 ft.?	[.41(c)(1)(C)]	_	_
Sanitary sewer or septic tank \geq 50 ft.?	[.41(c)(1)(A)]	_	_	Sewage irrigated land \geq 500 ft.?	[.41(c)(1)(C)]	_	_
Septic Tank drainfields \geq 150 ft.?	[.41(c)(1)(A)]	_	_	UST or liquid transmission pipeline \geq 150'?	[.41(c)(1)(A)]	_	_
Drainage ditch or liftstation \geq 300 ft.?	[.41(c)(1)(B)]	_	_	Abandoned wells \leq 1/4 mi. plugged?	[.41(c)(1)(E)]	_	_

B. CONSTRUCTION

Well cased 18" above ground level?	[.41(c)(3)(B)]	_	_	Well meter provided?	[.41(c)(3)(N)]	_	_
Proper pressure cement?	[.41(c)(3)(C)]	_	_	Well blow-off properly installed?	[.41(c)(3)(L)]	_	_
Proper concrete sealing block?	[.41(c)(3)(J)]	_	_	Well unit fenced or housed?	[.41(c)(3)(O)]	_	_
Well head sealed?	[.41(c)(3)(K)]	_	_	Well site properly drained?	[.41(c)(3)(I)]	_	_
Casing vent properly installed?	[.41(c)(3)(K)]	_	_	All weather road provided?	[.41(c)(3)(P)]	_	_
Air release devices properly installed?	[.41(c)(3)(Q)]	_	_	Sanitary easement(s) recorded?	[.41(c)(1)(F)]	_	_
Suitable sampling tap?	[.41(c)(3)(M)]	_	_				

VIII. ADDITIONAL WATER SYSTEM DEFICIENCIES AND TAC REFERENCE NUMBERS:

IX. RATING DEFICIENCY SCORE

A. Certified Operator(s) (If Required)

1. None Surface	10 Pt.s	_____
2. None Ground	4 Pt.s	_____
3. Only One When Two Required	4 Pt.s	_____
4. Improper Certificate	4 Pt.s	_____

B. MCL Violations

1. Microbiological:		
Failure to Sample	4/Mon.	_____
MCL Violation	10/Mon.	_____
2. Primary standards	10/Vio.	_____
3. Secondary Standards	2/Vio.	_____
4. Turbidity:		
Failure to Report	4/Mon.	_____
MCL Violation	10/Mon.	_____

C. Distribution

Pressure < 20 psi	10 Pt.s	_____
Pressure < 35 psi	4 Pt.s	_____
Distribution Problems	2 Pt.s	_____
Treated Water Protection	3 Pt.s	_____
Disinfection Provided But Residual < 0.2 mg/l Free Chlorine or 0.5 mg/l Chloramine	4 Pt.s	_____

D. Design Deficiencies

1. Ground Water:

No Disinfection	10 Pt.s	_____
Improper Well Location	4 Pt.s	_____
No Easement	4 Pt.s	_____
Well Construction Deficiencies	3/item	_____

2. Surface Water:

No Disinfection	20 Pt.s	_____
No Filtration	20 Pt.s	_____
Excess Filter Rate	4 Pt.s	_____
Inadequate Chemical Feed	4 Pt.s	_____
Inadequate Detention Time	4 Pt.s	_____

3. General:

Production Deficient	3 or 4 Pt.s	_____
Storage Deficient:		
Elevated or Pressure	4 Pt.s	_____
Total Storage < 70% of Required	4 Pt.s	_____

TOTAL (A + B + C + D) = _____